

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Jackson
Month/Year:	Oct-21

System Name:		City of Gold Hill		ID#:			WTP : TP -	WTP-A
Day		12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1		0.03	---	0.03	0.03	0.03	0.04	0.04
2		0.04	---	0.03	0.06	0.03	---	0.06
3		---	---	0.03	---	---	---	0.03
4		---	0.03	0.03	0.06	0.04	---	0.06
5		0.03	0.03	0.03	0.08	0.04	---	0.08
6		0.03	0.03	0.03	0.04	---	0.01	0.04
7		---	0.03	0.03	0.03	0.03	0.03	0.03
8		---	0.03	0.03	0.04	0.04	0.03	0.04
9		---	0.03	0.03	0.03	0.03	0.04	0.04
10		---	---	0.04	0.03	0.03	0.04	0.04
11		0.03	---	0.03	---	---	0.03	0.03
12		---	0.03	0.04	0.03	0.03	---	0.04
13		---	0.05	0.03	---	---	0.03	0.05
14		---	0.03	---	0.03	0.03	0.03	0.03
15		---	---	0.01	0.04	---	---	0.04
16		---	---	0.09	0.03	---	---	0.09
17		0.03	0.03	0.03	0.03	0.03	0.03	0.03
18		---	---	0.03	0.03	0.03	---	0.03
19		---	---	0.04	0.03	0.03	---	0.04
20		---	---	0.04	0.04	0.03	---	0.04
21		---	---	0.03	0.03	---	0.03	0.03
22		---	---	---	.043.	0.04	---	0.04
23		---	---	---	---	---	---	0.00
24		---	---	---	---	---	---	0.00
25		---	---	0.04	0.04	0.04	0.05	0.05
26		0.04	---	0.06	0.04	0.04	0.03	0.06
27		---	---	0.03	0.05	0.04	0.03	0.05
28		---	---	0.03	0.03	0.03	0.03	0.03
29		---	---	0.06	0.03	0.03	---	0.06
30		---	---	---	---	---	---	0.00
31		---	---	---	0.07	0.04	0.04	0.07
Conventional or Direct Filtration						Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings ≤ 0.3 NTU?			Yes / No	CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?		
All 4-hour turbidity readings ≤ 1 NTU?			Yes / No	Yes / No		Yes / No		
All turbidity readings < IFE ² triggers			Yes / No					
Notes: C*T is based on Clearwell only, does not include reservoir C*T						PRINTED NAME: Michael Bollweg		
						SIGNATURE: Michael Bollweg	DATE: 11.9.21	
						PHONE #: (541) 415-1117	CERT #: 5296	

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

WTP-A

System Name:	City of Gold Hill		ID#: 41-00333	Month/Year:	Oct-21	Disinfection Giardia Log Inactive:	1	
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.20	58	69	14.7	6.6	24	YES	473
2	1.11	58	65	15.3	7.3	30	YES	467
3	1.66	57	95	14.7	7.2	32	YES	475
4	0.91	57	52	14.4	7.2	30	YES	478
5	0.99	58	57	14.4	7.3	32	YES	472
6	1.31	56	74	13.8	7.1	32	YES	484
7	1.16	56	65	13.5	7.2	33	YES	486
8	0.96	56	54	13.1	7.2	33	YES	483
9	1.32	57	75	12.9	7.0	33	YES	479
10	1.28	57	73	13.0	7.1	33	YES	475
11	1.25	56	70	11.5	7.3	40	YES	486
12	1.26	57	71	10.8	7.5	45	YES	480
13	1.38	57	79	10.9	7.2	41	YES	474
14	1.21	58	70	11.5	7.1	37	YES	473
15	1.23	57	70	11.5	7.1	37	YES	479
16	1.38	57	78	11.7	7.7	46	YES	481
17	1.37	56	76	11.0	7.2	40	YES	488
18	1.77	57	101	11.3	6.7	35	YES	476
19	1.10	56	62	11.2	7.3	40	YES	485
20	0.94	56	52	10.5	7.2	40	YES	488
21	1.01	55	55	10.5	7.1	39	YES	497
22	1.92	57	110	11.5	7.7	50	YES	474
23								
24								
25	0.94	55	52	10.0	6.9	37	YES	494
26	1.42	55	78	10.2	6.9	39	YES	493
27	1.34	55	74	10.5	6.9	37	YES	493
28	1.15	56	64	11.2	7.3	40	YES	486
29	1.29	56	73	11.9	6.9	34	YES	483
30								
31	1.04	57	59	12.5	7.2	35	YES	480

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

dwp.dmc@state.or.us, 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350